LLCHD HS000476

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000476

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 14600 NW 40th St (no rural route) City Raymond, NE Zip 68428

Legal Description SW NW 5 11 6e
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 12-05-100-002-000

B. Owner

Name Elmer Brewel Jr Signature Kimi L. Jakoubek for Elmer

Address 3340 W. 3rd St City/State/Zip Lincoln, NE 68521

Home Phone 402-475-1046 Work Phone _____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Kimi L. Jakoubek for Lloyd

Address 13860 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6609 or 402-783-2663

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.25

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☑ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd 4/7/11
Date frwd 4/11/11
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 4-7-11 Amount Paid 335.-
Received By BD Cash/Check No. 7596

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5/10

4-7-2011 11:29:39

Ex. 3 mg Name # Soil looks great for pits - Sandy

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____ **Owner:** Elmer Drewel
Township _____ Range _____ Address: 14600 NW 40th
1/4 Section _____

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 3-26-11 to 3-27-11. **Weather:** Precip. Trace Temp. 30-40°

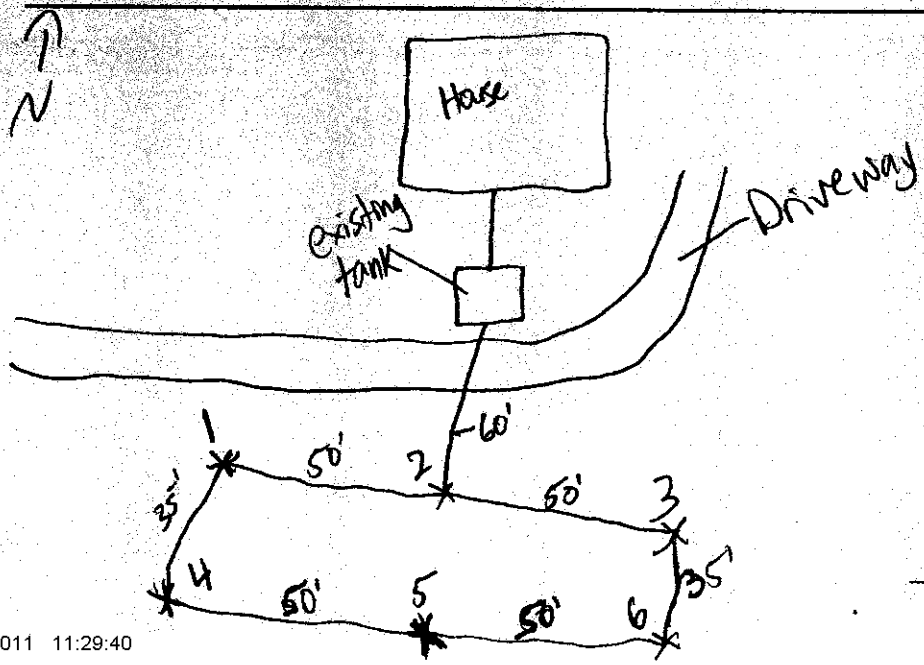
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(In.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	3-26	10:30am	3-26	2:30pm	3-27	9:30am	6	10:00am	4¼	30	1¾ 24
2	36	3-26	10:30am	3-26	2:30pm	3-27	9:30am	6	10:00am	4¼	30	1¾ 24
3	36	3-26	10:30am	3-26	2:30pm	3-27	9:30am	6	10:00am	5	30	1 30
4	36	3-26	10:30am	3-26	2:30pm	3-27	9:35am	6	10:05am	4½	30	1½ 30
5	36	3-26	10:30am	3-26	2:30pm	3-27	9:35am	6	10:05am	4¼	30	1¾ 24
6	36	3-26	10:30am	3-26	2:30pm	3-27	9:35am	6	10:05am	4¼	30	1¾ 24

Sum of Water Level Drops (in.) [Column m]: 7.5
Average of Water Level Drops (in.) [Column m]: 1.25
~~Inches per Minute:~~ 24 MPI

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: 402-261-4414
Signature: Justin Peterson

Square Feet of Lateral per Bedroom: 250

SKETCH SHOWING HOLE LOCATION:



3-bedroom
No Whirlpool
750 sq. ft. Total

Official's Signature

C

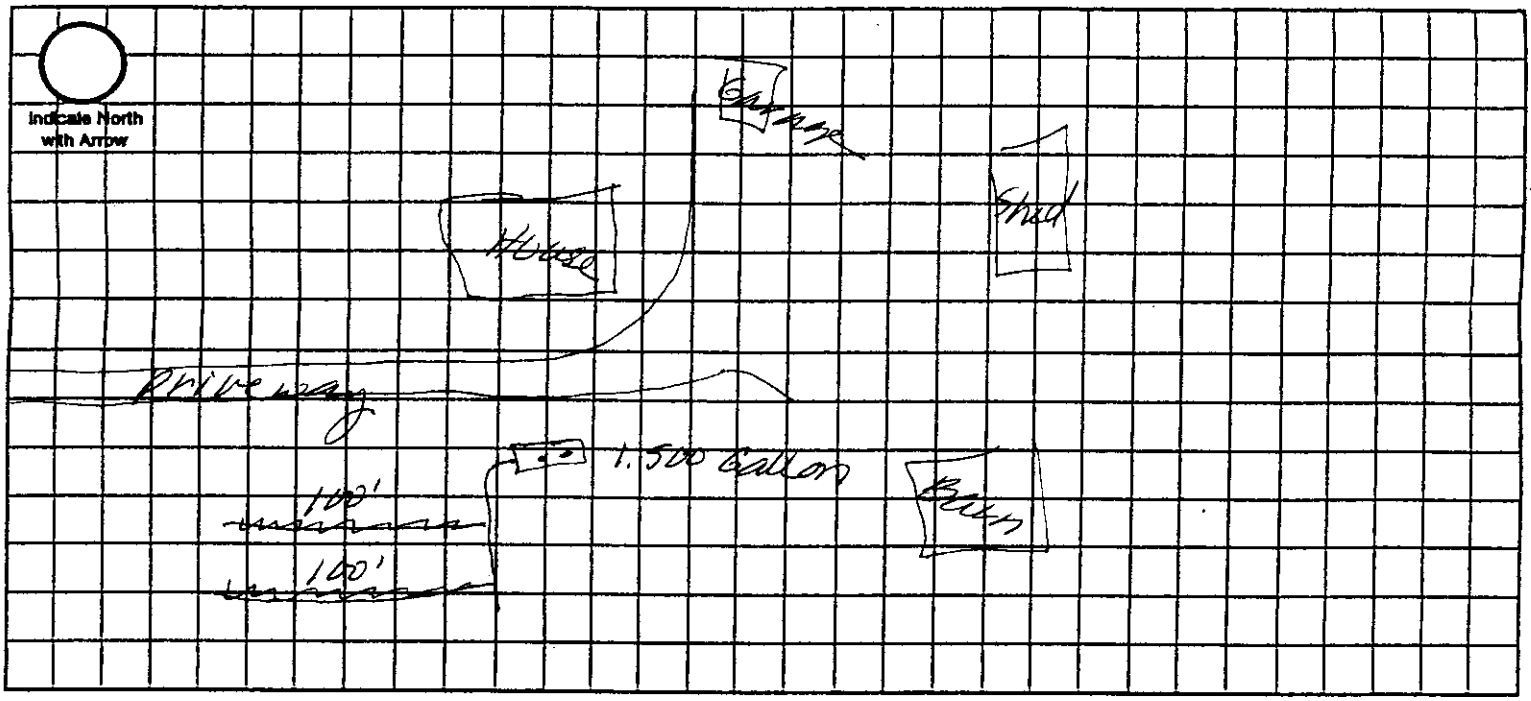
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 14620 NW 40th St City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 24 (min. per inch) Soil Type: Morrill clay loam/Sandy Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Gravelless Chambers

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 200 ft. Number of Trenches 2 Trench Width 40"

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor EXISTING Home Date _____

Installer Kevin L. Jakobsen Date 3/31/11


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
06-11-06
05-11-06

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM CONSTRUCTION - INSTALLATION PERMIT

No. HS000476

System Type: STANDARD

Situs: 14600 NW 40 ST

Legal Description: T11N-R06E-S05

Owner: DREWEL, ELMER E JR
3340 N 3 ST
LINCOLN NE
68521

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	04/01/2011
Expires:	03/31/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428